

## ISSUE SLIP STAPLF. AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		71530	6-11
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		71435	6/23/58

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 -+ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	3/19/58
2	2/3/58
3	5/19/58
4	11/17/60
5	5/6/58
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	= ✓ ✓ ✓
21	✓
22	✓
23	✓
24	✓
25	✓
26	✓
27	✓
28	✓
29	✓
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31	✓
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33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	= ✓ ✓ ✓
41	✓
42	✓
43	= ✓ ✓ ✓
44	= ✓ ✓ ✓
45	= ✓ ✓ ✓
46	= ✓ ✓ ✓
47	= ✓ ✓ ✓
48	✓
49	✓
50	✓

Claim	Date
51	11/17/58
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

LAST AVAILABLE COPY

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